

**NC DIVISION MH/DD/SAS SAPTBG FUNDS
WOMEN SET ASIDE FUNDING (WSAF) MONITORING
Individual
2011/ 2012**

LME:		Date:	
Contract Provider:		Record #:	
Control #:	Category:	Admission Date:	
Rating Codes: 0 = No/Not Met 1 = Yes/Met 9 = N/A			Rating
1. There is evidence that this individual meets the requirements of the designated target population (ASWOM).			
2. There is evidence that this woman's primary medical care needs were addressed.			
3. There is evidence that this woman's child (ren)'s primary pediatric care needs were addressed.			
4. There is evidence that this woman received gender specific treatment.			
5. There is evidence that this woman's child (ren)'s therapeutic needs were addressed.			
6. There is evidence that this woman's need for case management services was assessed and delivered, if needed.			
7. There is evidence that this woman's ability to get to and from substance abuse services was assessed.			
8. There is evidence this woman's need for child care services (in order to participate in substance abuse services) was assessed.			
9. There is evidence that the American Society of Addictive Medicine Patient Placement Criteria (ASAM) was completed during the admissions process.			
10. a. This woman was pregnant when assessed for services. b. There is evidence of timely admission or referral to appropriate services. <i>If 9a = 1/Yes, then answer 9b If 9a = 0/No then rate 9b = 9 and Overall = 9. If 9a = 1/Yes and 9b = 1/Yes, overall rating = 1/MET. If 9a = 1/Yes and 9b = 0/No, overall rating = 0/NOT MET.</i>			a.
			b.
11. There is evidence that a NC TOPPS was completed within the required timeframes: a. Initial Assessment b. 3 month update c. 6 month update d. 12 month update e. every 6 months thereafter			a.
			b.
			c.
			d.
			e.
COMMENTS:			
REVIEWER:			

**NC DIVISION OF MH/DD/SAS
2011/2012 PROTOCOL**

**WOMEN'S SET ASIDE FUNDING (SAPTBG)
INSTRUCTIONS**

***IMPORTANT: DO NOT WRITE THE INDIVIDUAL'S NAME ON THE MONITORING FORM. THIS IS FOR CONFIDENTIALITY REASONS.**

***IMPORTANT: ON THE TOP OF THE AUDIT FORM, UNDER "SPECIAL CATEGORY" THE REVIEWER MUST WRITE "PREGNANT" AND / OR "HAS DEPENDENT CHILD(REN)."**

Question #1 Reviewer will review each service record to determine if there is evidence that the individual meets the designated target population. See attached checklist.

Question #2 Review the record to determine if the woman indicated she was already receiving primary medical care (if pregnant, prenatal care) or was referred to a primary care physician (if pregnant, prenatal care physician). The referral could be to a local health department, private physician, federally supported health provider, hospital-based clinic, etc. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. **If this individual only received crisis services (detox, facility based crisis, mobile crisis, mental health crisis treatment) Rate this question 9.**

Question #3 Review the record to determine if the woman indicated her child (ren) was already receiving primary pediatric care or was referred to a primary pediatric care provider. The referral could be to a local health department, private physician, federally supported health provider, hospital-based clinic, etc. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. If the woman has no dependent children, rate this question a 9 (NA). **If this individual only received crisis services (detox, facility based crisis, mobile crisis, mental health crisis treatment) Rate this question 9.**

Question #4 Review the record to determine if the woman received gender specific substance abuse treatment or other therapeutic interventions which address issues of relationships, sexual and/or physical abuse and/or parenting identified in the assessment or service plan. Gender-specific services could include participation in women's only treatment services addressing these areas, arranging for specialized services i.e. domestic violence, etc. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. **If this individual only received crisis services (detox, facility based crisis, mobile crisis, mental health crisis treatment) Rate this question 9.**

Question #5 Review the record to determine if the woman indicated that her child(ren) was already receiving therapeutic interventions, was referred for therapeutic interventions or indicated her child(ren) did not need therapeutic interventions. Therapeutic interventions could include services to address their developmental needs, child mental health or substance abuse issues. This information should be located in one or more of the following: assessment, service plan, service note, case

management plan or case management note. If individual has no dependent children, rate this question as 9 (NA). **If this individual only received crisis services (detox, facility based crisis, mobile crisis, mental health crisis treatment) Rate this question 9.**

Question #6 Review the record to determine if the woman's need for case management services was assessed and was provided or arranged, if needed. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. **If this individual only received crisis services (detox, facility based crisis, mobile crisis, mental health crisis treatment) Rate this question 9.**

Question #7 Review the record to determine if the woman's ability to get to and from substance abuse services was assessed and adequate transportation was provided or arranged, if needed. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. (Adequate transportation would include bus vouchers [if buses were in operation at the time of the service and individual's return home], taxi voucher, reimbursement for gas, Medicaid transportation, transportation in a program vehicle, etc.). **If this individual only received crisis services (detox, facility based crisis, mobile crisis, mental health crisis treatment) Rate this question 9.**

Question #8 Review the record to determine if the woman's need for child care services in order to participate in substance abuse services was assessed and was provided or arranged, if needed. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. **If this individual only received crisis services (detox, facility based crisis, mobile crisis, mental health crisis treatment) Rate this question 9.**

Question #9 Reviewers will review each individual record to determine that the American Society of Addiction Medicine -Patient Placement Criteria (ASAM) was utilized upon admission in leveling of admissions. ASAM criteria assess the individual's substance-related condition along six (6) criteria Dimensions:

- Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Dimension 2: Bio-Medical Conditions and Complications
- Dimension 3: Emotional Behavioral Conditions and Complications
- Dimension 4: Treatment Acceptance / Resistance
- Dimension 5: Relapse / Continued Use Potential
- Dimension 6: Recovery Environment

Both the Adult and Adolescent Criteria Address five (5) Levels of service:

- Level 0.5 Early Intervention
- Level 1: Outpatient Services
- Level 2: Intensive Out-Patient / Partial Hospitalization Services
- Level 3: Residential / In-Patient Services
- Level 4: Medically / Managed Intensive In-Patient Services

Question #10 Determine if, from date of assessment, treatment was provided within two (2) weeks, or if treatment was not available within two (2) weeks, a referral to another service was made within forty-eight (48) hours.

If 9a = 1/Yes, then answer 9b If 9a = 0/No then rate 9b = 9 and Overall = 9. If 9a = 1/Yes and 9b = 1/Yes, overall rating = 1/MET. If 9a = 1/Yes and 9b = 0/No, overall rating = 0/NOT MET.

Question #11 The reviewer will review each service record to determine if an NC TOPPS Initial Assessment was completed. The NC TOPPS Initial Assessment should be submitted within 30 days of the first date of service.

- Subsequent updates must be completed within 15 days before or after the due date. The due dates are based upon the day the initial interview was started on the web-based system.
- A copy of the NC TOPPS Initial Assessment form should be found in the service record.
- The reviewer should determine when the initial assessment was started and calculate when the 3, 6, and 12 month updates were due (updates after 12 months are every 6 months).
 - ◆ 3 month update: 90 days following initial interview, plus or minus 2 weeks (76-104 days)
 - ◆ 6 month update: 180 days following initial interview, plus or minus 2 weeks (166-194 days)
 - ◆ 12 month update: 360 days following initial interview, plus or minus 2 weeks (346-374 days)
 - 6 month updates thereafter (18, 24, 30, etc. months)

**** The intent of the review is to determine compliance with TOPPS requirements during the current Fiscal Year. If the individual receiving services was admitted on or after July 1, 2011, review initial and all subsequent assessments. If the individual started services prior to July 1, 2011, the reviewer will determine when updates were due during the current fiscal year and evaluate for compliance.**

Rate each element (a-e) 1/MET or 0/NOT MET. If an update is not due, rate the element (b-e) 9/NA. All elements (a-e) must be rated either 1 or 9 for the overall rating to be 1/MET. If any element is rated 0, the overall rating is 0/NOT MET.

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